

|                                                                                                                                                        |            |                                                                                                                                                                         |        |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 123259</b>                                                                                                                                    |            | Due no later than Mar 31, 2015                                                                                                                                          |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>R & K RANCHES, L.L.C.<br>KENT DAHLE<br>90 HWY 93 N<br>SALMON ID 83467 |        | PAUL B WITHERS<br>1301 MAIN ST STE 6<br>SALMON 83467 |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                                                         |        | 3. <u>New</u> Registered Agent Signature:*           |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |            |                                                                                                                                                                         |        |                                                      |         |             |  |
| Office Held                                                                                                                                            | Name       | Street or PO Address                                                                                                                                                    | City   | State                                                | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | KENT DAHLE | 90 HWY 93 NORTH                                                                                                                                                         | SALMON | ID                                                   | USA     | 83467       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 123259</b>                                                                                          |            | 6. Annual Report must be signed.*<br>Signature: Kent Dahle<br>Name (type or print): Kent Dahle                                                                          |        |                                                      |         |             |  |
|                                                                                                                                                        |            | Date: 02/09/2015<br>Title: Member                                                                                                                                       |        |                                                      |         |             |  |
| Processed 02/09/2015                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                               |        |                                                      |         |             |  |